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FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 910.00)

Complete if Known

Application / Conf. No.	10/796,471	/ 2282
Filing Date	March 9, 2004	
First Named Inventor	Leilei Zhang	
Examiner Name	Jose R. Diaz	
Art Unit	2815	
Attorney Docket No.	X-1574 US	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

Deposit Account

Deposit Account Number

24-0040

Deposit Account Name

XILINX, INC.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1812	2,520	For filing a request for ex parte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	Extension for reply within first month	\$120
1252	450	Extension for reply within second month	
1253	1020	Extension for reply within third month	
1254	1,530	Extension for reply within fourth month	
1255	2,080	Extension for reply within fifth month	
1401	500	Notice of Appeal	
1402	500	Filing a brief in support of an appeal	
1403	1000	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,500	Petition to revive - unintentional	
1501	1,400	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	\$790
Other fee (specify) _____			

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra	Fee from below	=	Fee Paid
Indep. Claims	- 3** =				
Multiple Dependent Claims					

**or number previously paid, if greater; For Reissues, see below

Large Entity		Fee Description
Fee Code	Fee (\$)	
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 910.00)

SUBMITTED BY

Name (Print/Type)	Michael R. Hardaway	Registration No. (Attorney/Agent)	52,992	Telephone	408-879-6149
Signature				Date	01-30-2007

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.

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